

☐ First Time Waiver

☐ Renewal Waiver

County-District-School (CDS) CODE									
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LEA:	Contact/recipient of approval/denial notice:		
Address:	(City)	(State)	(ZIP)
			Phone: () FAX: ()
Period of request: From:		To:	Local Board approval date:

1. Type of Waiver: Superintendent's Waiver

2. *Education Code* section to be waived: *Education Code* section 48664(a) funding limitations

1. Summary of the *Education Code* section or portion to be waived. (Please summarize the meaning of *Education Code* to be waived.)

A school district with fewer than 2,501 ADA may request a waiver of the funding limitations in *Education Code* section 48664(a) in order to access the small school funding base for one teacher pursuant to *Education Code* section 42284 and permit the operation of a community day school of a quality comparable to that offered by a larger district.

(PLEASE BE AS SPECIFIC, CLEAR, and BRIEF AS POSSIBLE WHEN ANSWERING THE FOLLOWING:)

2. Desired outcome/rationale. (State what you hope to accomplish with the waiver. Describe briefly the circumstances that brought about the request and why the waiver is necessary to achieve improved student performance and/or streamline or facilitate local agency operations.)

District Certification – *I hereby certify that the information provided on this application is correct and complete.*

Signature of Superintendent or Designee	Title	Date
Signature of Approval, Local Board of Education	Title	Date

FOR CALIFORNIA DEPARTMENT OF EDUCATION USE ONLY		
Responsible Office:		
Yes/No Meets under 2501 previous year ADA criterion		
Guidelines: <input type="checkbox"/> Met <input type="checkbox"/> Not Met		
Department of Education Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Deny (Please attach a complete, but brief explanation of reason/s) for denial.)		
Staff (Type or Print)	Staff (<i>Signature</i>)	Date
Unit Manager (Type or Print)	Unit Manager (<i>Signature</i>)	Date
Division Director (Type or Print)	Division Director (<i>Signature</i>)	Date
Deputy (Type or Print)	Deputy (<i>Signature</i>)	Date